

31611-18

PATENT

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 on June 13, 2005.

Bonnie S. Hemmendorff

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Appellant: Barbro Hemmendorff et al : Paper No.:  
Serial No.: 09/743,023 : Group Art Unit: 1637  
Filed: March 7, 2001 : Examiner: Chunduru, Suryaprabha

For: **METHOD FOR THE PRODUCTION OF RECOMBINANT PEPTIDES WITH  
A LOW AMOUNT OF TRISULFIDES**

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Official Action dated February 11, 2005, please amend the present application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 4 of this paper.

31611-18

PATENT

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 on June 13, 2005.



**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Appellant: Barbro Hemmendorff et al : Paper No.:  
 Serial No.: 09/743,023 : Group Art Unit: 1637  
 Filed: March 7, 2001 : Examiner: Chunduru, Suryaprabha  
 For: **METHOD FOR THE PRODUCTION OF RECOMBINANT PEPTIDES WITH A LOW AMOUNT OF TRISULFIDES**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above identified application.

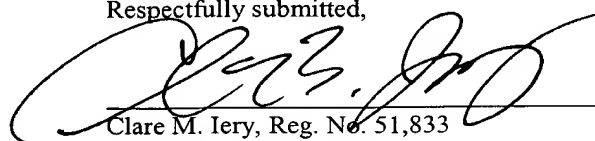
- ☐ No additional fee is required.  
☒ Also attached: Request for One-Month Extension of Time; Credit Card Payment Form (PTO-2038); Return Postcard

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	14	20	0	x \$50 =	\$0
Independent Claims	2	5	0	x \$200 =	\$0
<b>Request for One-Month Extension of Time</b>					\$120.00
<b>TOTAL FEE DUE</b>					\$120.00

- ☐ A check in the amount of \$0 is enclosed.  
☒ Please charge \$120.00 to our Visa credit card. Form PTO-2098 is enclosed.  
☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



Clare M. Iery, Reg. No. 51,833  
 Dinsmore & Shohl LLP  
 1900 Chemed Center  
 255 East Fifth Street  
 Cincinnati, Ohio 45202  
 (513) 977-8683